

NOTIFICATION OF WAIVER PROGRAM TERMINATION

DATE: _____

TO: _____
Applicant/Participant Name

FROM: _____
Name of Waiver Agency Staff/Supervisor

RE: **NOTICE OF DECISION** **EFFECTIVE DATE:** _____
Medicaid Termination Date

_____ (agency name) has determined that your participation in the Medicaid community waivers program (CIP 1A/1B, BIW, CIP II, COP-W, CLTS) must be terminated. This decision has been made for the reason(s) indicated below:

- ☐ 1. You no longer meet Medicaid financial/non-financial eligibility criteria—Explain:

- ☐ 2. You no longer meet Medicaid waiver program functional/level of care eligibility criteria—Explain:

- ☐ 3. You no longer reside in an eligible living arrangement¹—Explain:

- ☐ 4. You have failed to meet post-eligibility requirements for continued program participation (service plan not signed, cost share payments not made, spenddown not met, etc.)—Explain:

- ☐ 5. You have notified the agency that you have decided to discontinue waiver program participation.
- ☐ 6. Other reason—Specify:

Important: See the reverse/page 2 of this notice for an explanation of your rights.

¹ When an individual moves to an ineligible living arrangement, the action of termination may be initiated without advance notice (see 42 CFR 431.213 (c)). This means the agency notice can give an effective termination date shorter than 10 days.

EXPLANATION OF PARTICIPANT RIGHTS

State notice requirements and appeal process:

1. You have a right to a written notice, at least 10 days in advance, any time your Medicaid community waiver services are to be reduced or terminated.
2. If you disagree with the decision or believe the decision is wrong, under Wisconsin law (Chapter 227) you have the right to request a hearing in writing or in person from the state Division of Hearings and Appeals. To request a hearing, contact the state at the address below:

Division of Hearings and Appeals
PO Box 7875
Madison WI 53707
(608) 266-3096

3. You may receive help with your request for a hearing from your care manager/support and service coordinator or from:

The Board on Aging and Long Term Care **OR**
Ombudsman Program
1402 Pankratz St., Suite 111
Madison, Wisconsin 53704-4001
1-800-815- 0015 (Toll-free)

Disability Rights Wisconsin
16 N. Carroll Street, Suite 400
Madison, Wisconsin 53703
1-800-928-8778 (Toll-free, voice or TDD)

OR

(Milwaukee area)
Disability Rights Wisconsin
6737 West Washington Street, Suite 3230
Milwaukee, WI 53214
414-773-4646 or 1-800-708-3034

4. In order to continue to receive services from the Medicaid community waiver program you must request a hearing from the state before the effective date listed on this notice.
5. If you request a hearing on a termination of services and those services continue to be provided, if the termination is upheld at the hearing you may be required to reimburse the Department for the Medicaid waiver funded services you received during the period between the effective date of the notice and the date of the hearing decision (42 CFR § 431.230).
6. You must request a hearing no later than forty-five (45) days from the effective date of this notice. A request for a hearing made later than 45 days from the effective date of this notice may not be heard.
7. You may represent yourself or be represented at the hearing, conference or fact finding by an attorney, a friend or any person of your choosing. If you fail to appear, or if your representative fails to appear, at the hearing without good cause, your appeal may be dismissed.

Right to request a county grievance:

You also have the right to request a county grievance to discuss the agency action. Your county agency must inform you of the county grievance process and help you with the grievance if you request assistance.

Important: A county grievance is not the same as a hearing from the state. While the county grievance process may help you resolve a disagreement with the agency action, requesting the county grievance may not delay the service reduction or termination. To continue to receive the services that are ending you must request a hearing from the state as described above.